


NJ0002146457

|  | | POTENTIAL HAZARDOUS WASTE SITE CURRENT DISPOSITION PART 1 - SITE STATUS | | I. IDENTIFICATION | |
|--|-----------|---|------------------|-------------------------------|-------------------|
| | | | | 01 STATE | 02 SITE NUMBER |
| II. SITE NAME AND LOCATION | | | | | |
| 01 SITE NAME (Legal, common, or descriptive name of site) | | 02 STREET, ROUTE NO., OR OTHER SPECIFIC LOCATION IDENTIFIER | | | |
| W.A. CLEARY CHEMICAL CORP. | | 1049 SOMERSET ST. | | | |
| 03 CITY | 04 STATE | 05 ZIP CODE | 06 COUNTY | 07 COUNTY CODE | 08 CONG DIST |
| SOMERSET (FRANKLIN TWP.) | N.J. | 08873 | SOMERSET | | |
| III. CURRENT SITE STATUS | | | | | |
| 01 REPORTING DATE | | | | | |
| MONTH DAY YEAR | | | | | |
| 02 TRACKING COMPLETED (Check one if applicable) | | | | | |
| <input type="checkbox"/> A. SITE REQUIRED NO RESPONSE <input type="checkbox"/> B. ALL GOVERNMENT FINANCED ACTIVITIES COMPLETED <input type="checkbox"/> C. ALL PRIVATELY FINANCED ACTIVITIES COMPLETED <input type="checkbox"/> D. SITE CLOSED | | | | | |
| DATE CLOSED MONTH DAY YEAR | | DATE COMPLETED MONTH DAY YEAR | | DATE COMPLETED MONTH DAY YEAR | |
| | | | | | |
| TOTAL COST | | | | | |
| 03 PENDING (Check if applicable) | | | | | |
| <input type="checkbox"/> FURTHER RESEARCH AND ANALYSIS REQUIRED EXPECTED COMPLETION DATE MONTH DAY YEAR | | | | | |
| REFERENCE | | | | | |
| 04 MONITORING (Check if applicable) | | | | | |
| <input checked="" type="checkbox"/> SITE REQUIRES CONTINUED SURVEILLANCE/MONITORING SCHEDULE <input type="checkbox"/> A. MONTHLY <input type="checkbox"/> B. SEMI ANNUALLY | | | | | |
| <input type="checkbox"/> C. QUARTERLY <input type="checkbox"/> D. ANNUALLY | | | | | |
| REFERENCE | | | | | |
| 05 FULL FIELD INVESTIGATION (Check one if applicable) | | | | | |
| <input type="checkbox"/> A. NEEDED <input type="checkbox"/> B. IN PROGRESS <input type="checkbox"/> C. COMPLETED DATE COMPLETED MONTH DAY YEAR | | | | | |
| 06 REMEDIAL RESPONSE (Check one if applicable) | | | | | |
| <input checked="" type="checkbox"/> A. NEEDED <input type="checkbox"/> B. IN PROGRESS <input type="checkbox"/> C. COMPLETED DATE COMPLETED MONTH DAY YEAR | | | | | |
| 07 PLANNED REMOVAL (Check one if applicable) | | | | | |
| <input type="checkbox"/> A. NEEDED <input type="checkbox"/> B. IN PROGRESS <input type="checkbox"/> C. COMPLETED DATE COMPLETED MONTH DAY YEAR | | | | | |
| 08 IMMEDIATE REMOVAL (Check one if applicable) | | | | | |
| <input type="checkbox"/> B. IN PROGRESS <input type="checkbox"/> C. COMPLETED DATE COMPLETED MONTH DAY YEAR | | | | | |
| 09 RESPONSIBLE PARTIES (Check if applicable) | | | | | |
| <input type="checkbox"/> RESPONSE/REMOVAL ACTIVITIES UNDER CONTROL OF RESPONSIBLE PARTIES | | | | | |
| 10 ENFORCEMENT (Privately financed removal/response activities linked to enforcement are carried in the Enforcement Docket System) | | | | | |
| <input checked="" type="checkbox"/> A. ADMINISTRATIVE ORDER ISSUED <input type="checkbox"/> B. CIVIL/CRIMINAL LITIGATION FILED | | | | | |
| DATE ISSUED MONTH DAY YEAR | | DATE FILED MONTH DAY YEAR | | | |
| | | WHERE FILED (Judicial District) | | | |
| COMPLIANCE DATE MONTH DAY YEAR | | JUDGEMENT/SETTLEMENT DATE MONTH DAY YEAR | | | |
| IV. SITE RANKING | | | | | |
| 01 SITE RANKING AVAILABLE (Check one) | | | | | 02 STATE PRIORITY |
| <input type="checkbox"/> A. YES RANKING: <input type="checkbox"/> B. NO <input type="checkbox"/> C. PLANNED <input type="checkbox"/> D. UNNECESSARY <input type="checkbox"/> E. UNKNOWN | | | | | |
| V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports) | | | | | |
| EPA PRELIMINARY ASSESMENT | | | | | |
| N.J. STATE FILES | | | | | |
| VI. INFORMATION AVAILABLE FROM | | | | | |
| 01 PREPARED BY | 02 AGENCY | 03 ORGANIZATION | 04 TELEPHONE NO. | 05 DATE | |
| AARON KLEINBAUM | EPA | OERR | (212) 264 0106 | 3/1/84 | |
| | | | | MONTH DAY YEAR | |





POTENTIAL HAZARDOUS WASTE SITE
CURRENT DISPOSITION
PART 2 - GOVERNMENT FINANCED RESPONSE/REMOVAL ACTIVITIES

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. RESPONSE/REMOVAL ACTIVITIES

| | | | | | | | | | |
|--|--|--|---------------------------|--|------------------------------|-------------------|--|----------------|--|
| 01 TYPE OF ACTIVITY (Check one) <input type="checkbox"/> A. REMEDIAL RESPONSE <input type="checkbox"/> B. PLANNED REMOVAL <input type="checkbox"/> C. IMMEDIATE REMOVAL | | | | | 02 RESPONSE/REMOVAL ACTIVITY | | | | |
| 03 LEAD AGENCY | | | 04 PARTICIPATING AGENCIES | | | | | | |
| 05 START DATE ____/____/____ MONTH DAY YEAR | | 06 EST. COMP. DATE ____/____/____ MONTH DAY YEAR | | 07 ACTUAL COMP. DATE ____/____/____ MONTH DAY YEAR | | 08 ESTIMATED COST | | 09 ACTUAL COST | |
| 10 SOURCES OF FUNDING A. SOURCE _____ AMOUNT _____ B. SOURCE _____ AMOUNT _____ | | | | | | | | | |
| 11 NARRATIVE DESCRIPTION | | | | | | | | | |
| 12 SOURCE OF INFORMATION | | | | | | | | | |

| | | | | | | | | | |
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| 12 SOURCE OF INFORMATION | | | | | | | | | |